

CONFIDENTIAL

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1085634

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

## WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

| OPERATOR: License # 33554                                     | API No. 15 - 15-109-21096-00-00                          |
|---|--|
| Name: K & B Norton Oil & Investments, LLC                     | Spot Description:  |
| Address 1: 1209 W. Park Grove Dr.                             | NW_SW_NW_NE Sec. 14 Twp. 15 S. R. 34 ☐ East  West        |
|   | 726 Feet from North / South Line of Section              |
| Address 2:  |  |
|   | Footages Calculated from Nearest Outside Section Corner: |
| Contact Person: Ken Norton 785 320-2545                       | □ NE ☑ NW □ SE □ SW                                      |
| Phone: ( 785 ) 320-2545                                       | County: Logan  |
| CONTRACTOR: License # 6039                                    | County: McDaniel Well #:                                 |
| Name: L. D. Drilling, Inc.                                    |  |
| Wellsite Geologist: Steven P. Murphy                          |  |
| Purchaser:  |  |
| Designate Type of Completion:                                 | Elevation: Ground: 2921 Kelly Bushing: 2926              |
| ✓ New Well Re-Entry Workover                                  | Total Depth: 4690 Plug Back Total Depth:                 |
| Oil Wsw Swd Slov  | Amount of Surface Pipe Set and Cemented at: 293 Feet     |
| Gas 7 D&A ENHR SIGV   |  |
|   | p. Abd. If yes, show depth set: Feet                     |
| CM (Coal Bed Methane)   | If Alternate II completion, cement circulated from:      |
| Cathodic Other (Core, Expl., etc.):                           |  |
| If Workover/Re-entry: Old Well Info as follows:               | reet depth to:w/sx cm.                                   |
| Operator:   |  |
| Well Name:  | Drilling Fluid Management Plan                           |
| Original Comp. Date: Original Total Depth:                    |  |
|   | Chloride content:ppm Fluid volume:                       |
| ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Con                  | Dewatering method used: Evaporated                       |
| Plug Back: Plug Back Total Dep                                | Location of fluid disposal if hauled offsite:            |
| Commingled Permit #:  |  |
| Dual Completion Permit #:                                     | Operator Name:   |
| SWD , Permit #:   | Lease Name: License #:                                   |
| ENHR Permit #:  |  |
| GSW Permit #:   | County: Permit #:  |
| 05/23/2012 06/03/2012 06/03/2012                              |  |
| Spud Date or Date Reached TD Completion Dat Recompletion Date |  |

## **AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

**Submitted Electronically** 

| KCC Office Use ONLY                                  |
|--|
| Letter of Confidentiality Received  Date: 06/25/2012 |
| Confidential Release Date:                           |
| <b>√</b> Wireline Log Received                       |
| Geologist Report Received                            |
| UIC Distribution                                     |
| ALT I I II Approved by: NACMI JAMES Date: 06/26/2012 |